Meeting Results:
By the end of the meeting the CRT will:
- Review each case presented by the Palm Beach County FIMR team
- Individually and in assigned groups identify the factors/causes contributing to the case
- Review the case collectively during the FIMR Abstractor team presentation
- Following the presentation, deliberate collectively on the contributing factors, strengths and suggestions
- Collectively determine if the death was preventable
- Formulate recommendations to be shared with the Community Action Group (CAG)

Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Jennifer Boutin</td>
<td>Nutritious Lifestyles</td>
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<tr>
<td>Kristin Dean</td>
<td>HomeSafe</td>
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<tr>
<td>Dr. Janis Jones</td>
<td>T. Leroy Jefferson Medical Society</td>
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<td>Dr. John Caravello</td>
<td>ObGyn Specialists of the Palm Beaches</td>
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<tr>
<td>Zoraime Ramos-Cortes</td>
<td>WIC</td>
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<tr>
<td>Julie Swindler</td>
<td>Families First</td>
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<tr>
<td>Lisa Greenwood</td>
<td>Healthy Mothers Healthy Babies</td>
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<tr>
<td>Jeff Goodman</td>
<td>Children’s Services Council of PBC</td>
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<tr>
<td>Safiya Young</td>
<td>WIC</td>
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<tr>
<td>Patrick Bernet</td>
<td>Florida Atlantic University</td>
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Program Staff

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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Roderick King</td>
<td>FIHI, PBC-FIMR Program Director</td>
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<td>Danielle Lewald</td>
<td>FIHI, PBC-FIMR Program Manager</td>
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<td>Martine Jolicoeur</td>
<td>DOH, PBC-FIMR Qualitative Abstractor</td>
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<td>Debra Oliver</td>
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<tr>
<td>Fay Glasgow</td>
<td>FIHI, PBC-FIMR Site Coordinator</td>
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Collective Case Deliberation/Review Notes

Case #00016:

Significant Issues/ Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - IUGR x 2 (Contributing)
   - Multiple stresses: Possible history of DV; concern about enough money (Present)
   - Unintended and unwanted pregnancy (Present)
   - Infection: BV (Present)
   - Previous SAB (Present)
   - Previous LBW delivery (Present)
   - Social Support: Single Parent (Present)

2. Prenatal
   - Underweight
   - Preeclampsia (Contributing)
   - 5 visits between 16 and 24 weeks (possible lack of documentation of health issues)
• Possible late prenatal care considering IUGR

3. Medical: Fetal/Infant
   • ELBW (<750 grams) (Contributing)
   • Prematurity (Contributing)
   • Infection/sepsis (Contributing)
   • Respiratory Distress Syndrome (Contributing)

Strengths:
• Family support
• OB making a decision to deliver the baby

Gaps in Service Delivery or Community Resource Systems:
• Lack of referrals/enrollment into community support programs given IUGR
• Transfer to Broward hospital (due to heart issues)

Recommendations:
• Strategies to improve follow-up for moms that participate in community programs:
  o Linkages by community programs to HMHB
  o Care coordination between doctor, nurse, and community program
  o Assess and document linkages to community programs and implementation approach
• Stress the importance of using aspirin during pregnancy if hypertensive to help prevent severe preeclampsia.
  o Focus of March of Dimes => educating pregnant women who are at risk for preecampsia about low-dose aspirin

Was this death preventable? NO

Case #00018:
Significant Issues/Present and Contributing Factors:
1. Preconception/Medical History of Mother
   • Pre-existing diabetes and hypertension (Contributing)
   • Obesity (Present)
   • Poor nutrition (Contributing)
   • Advanced maternal age (Contributing)
   • Chorioamnionitis (Contributing)
   • Multiple stresses; concern about enough money (Present)
   • Gestational hypertension with previous pregnancy
   • Previous SAB (Present)
   • Unintended Pregnancy (Present)

2. Prenatal
   • Non-compliance with DM management and MD’s recommendations
   • Not on glucometer
   • No nutrition support
   • No mental health support for stress
   • No referral to perinatologist
   • Why were serial sonograms not done?
   • Social Support: Lack of FOB support during prenatal period (Present)
   • Culture: Beliefs about pregnancy/health (Present)
3. Medical: Fetal/Infant
   - VLBW (<1500 grams) (Present)
   - Intrauterine Growth Restriction (Present)
   - Prematurity (Present)
   - Infection/sepsis (Contributing)

Strengths:
   - Married
   - Support from FOB (post-partum)
   - Health insurance
   - Good bereavement services

Gaps:
   - No contact with Health Beginnings
   - Lack of social support
   - Unclear if any community referrals were made (mental health, medical, etc.)
   - Not on aspirin
   - Not referred to PCP in PBC, mother was not linked to local PBC providers
   - Postpartum: Based on previous conception history, she should have received interconception care

Recommendations:
   - All prenatal care providers to complete prenatal risk screen regardless of payer source
   - Encourage more education on interconception care

Was this death preventable? YES

Case #00019:
Significant Issues/Present and Contributing Factors:
1. Preconception/Medical History of Mother
   - Multiple stresses: Immigration issues; 6 people living in house; concern about enough money (Present)
   - Poor nutrition (Contributing)
   - Teen pregnancy (Present)
   - Unintended pregnancy (Present)
   - 18 and not in school (no HS diploma or GED)
   - Placental abruption (Contributing)
   - Placenta Previa (Contributing)
   - Preterm labor (Contributing)
   - Culture: Possible language barriers (Present)
2. Prenatal
   - Poor weight gain during pregnancy
   - Late entry to prenatal care (Present)
3. Labor & Delivery
   - Early labor several times
4. Medical: Fetal/Infant
   - VLBW (<1500 grams) (Contributing)
   - Prematurity (Contributing)
   - Respiratory Distress Syndrome (Contributing)
Strengths:

- Linkages to services through HMHB (nurse, SOBRA, nutritionist, counseling)
- WIC
- Support from FOB and mother
- Received education in primary language
- Work permit
- Had a lawyer
- Transportation
- FOB provided financial support
- Family planning, STD and SIDs education after birth
- Good bereavement process (received counseling after loss of baby in addition to support from nurse)

Was this death preventable? Undeterminable

Next Steps

Save the Dates for Upcoming Meetings and Events:

- Next CRT Meeting: Tuesday, May 14, 2019; 6-8pm; Quantum Building
- Upcoming CAG Meeting: Wednesday, April 24, 2019; 10am-1pm; Quantum Building
  - RSVP to Fay Glasgow at FGlasgow@flhealthinnovation.org
- House of Loveillionaires Trauma Workshop/Community Discussion, “Birthings Generations that Survive, Thrive & Flourish”: April 13; 2-6pm at Port of Palm Beach